



TOWN OF ROLESVILLE

Program Registration Form

Name of Participant: _____ Program: _____

Address: _____ Zip Code: _____

Current Age: _____ Sex: (circle one) Female Male

Main Phone #: _____ Email: _____

Emergency Contact:

Name: _____ Home Phone: _____ Cell Phone: _____

Introduction to Photography Registration Fees:

- ☐ Resident: \$45
- ☐ Non-Resident: \$55
- ☐ Late Fee: Additional \$10 (if space is available)
- ☐ Return check fee: \$25- In the event a return check, you or your child will not allowed to participate in any programs until past and present insufficient funds have been paid.

Introduction to Tai-Chi Registration Fees:

- ☐ Resident: \$30
- ☐ Non-Resident: \$45
- ☐ Late Fee: Additional \$10 (if space is available)
- ☐ Return check fee: \$25- In the event a return check, you or your child will not allowed to participate in any programs until past and present insufficient funds have been paid.

Shag Lesson Registration Fees:

- ☐ Resident: \$40
- ☐ Non-Resident: \$55
- ☐ Late Fee: Additional \$10 (if space is available)
- ☐ Return check fee: \$25- In the event a return check, you or your child will not allowed to participate in any programs until past and present insufficient funds have been paid.

WAIVER

I/we the parent(s) or legal guardian(s) of the above participant in the Rolesville Parks & Recreation program, give my/our consent to his/her participation in the above listed program. I/we hereby assume all risks and hazards incidental to such participants in and transportation to and from the activities. I release, above, and indemnify the Town of Rolesville, employees of the Town, volunteers, contractors and/or sponsors from all risks and hazards associated with the activities and in the event of an injury, do expressly waive all claims against them. I/we certify that we have read and agree to the terms stated above and that the information is correct to the best of my/our knowledge.

Signature of Parent or Legal Guardian

Date

Office use only:

Date Paid _____ Amount Paid _____ Check # _____ Cash _____ Received by _____

League Age _____ League _____ Birth Certificate on file _____